## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: OUR HOME AFH (0010520)

Address: 910 SOUTH COLUMBUS AVENUE, MARSHFIELD, WI 54449

**License Status: REGULAR** 

Licensed/Certified/Registered 07/19/2005

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Survey ID: 0095601 End Date: 02/25/2005 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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